

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3	0	1		1			53						
4		1		1			54						
5		1		1			55						
6		1		1			56						
7		1		1			57						
8		2		2			58						
9		2		2			59						
10		2		1			60						
11		1		1			61						
12		1		2			62						
13		1		2			63						
14	1			1			64						
15		1		1			65						
16		1		1			66						
17		1		1			67						
18	1		1				68						
19	1		1				69						
20				1			70						
21				1			71						
22				1			72						
23			1				73						
24				1			74						
25				2			75						
26				1			76						
27				1			77						
28			1				78						
29				1			79						
30				1			80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4						TOTAL IND.						
TOTAL DEP.	17						TOTAL DEP.						
TOTAL CLAIMS	21						TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS